
UNIT 6 SOCIAL AND EMOTIONAL NEEDS OF A DISABLED CHILD

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6.1 INTRODUCTION

In the Course NES-103 : Guiding Children's Learning, Unit 8 : **Minimising Impact of Impairment**, we have learned about the different types of physical and sensory impairments such as hearing impairment, visual handicaps, orthopaedic handicaps and in the Unit 7 : **Understanding the Problems of Slow-Learners** of Course NES-102 : Facilitating Growth and Development, we have learned some aspects of mental retardation.

In the first part of this unit we will try to acquire some more information about the mentally handicapped. We will examine a few classifications of mental retardation but we will concentrate more on the 'Educable Mentally Retarded' due to the fact that some of them do enter an elementary school.

In the remaining part of this Unit we will try to analyse the importance of social and emotional needs of the disabled children. To understand this we will have to know certain related aspects such as positive self-concept, parental attitudes, social prejudices, etc.

6.2 OBJECTIVES

This Unit mainly deals with the role of parents and teachers in satisfying the social and emotional needs of disabled children.

After going through this Unit, you will be able to:

- identify the mentally retarded children and plan few basic strategies to educate and rehabilitate them;
- analyse the importance of self-concept and encourage the development of a positive self-concept in your disabled child/student;
- recognise the faulty attitudes prevailing in the society and the attitudes of parents towards the disabled and plan a few methods to change these attitudes; and
- analyse the role of parents and teachers in helping the disabled child to attain a meaningful existence and relatively independent adulthood.

6.3 MENTAL RETARDATION

Case 1

Joseph is 17 years old, physically strong and hard working. He is working in a printing press owned and managed by his father. Joseph can do various kinds of work related to printing such as arranging the letter prints, numbering the pages, binding the books and so on. It is only when you await change from a bill of rupees 50, you notice Joseph's difficulty. In such a situation he would take more time to count the money (because he uses his fingers for calculating) or he would accept help from his father.

Joseph is a good example of an 'Educable Mentally Retarded' individual who is adjusting satisfactorily and living a meaningful life. After a while we will get into the details of the story of Joseph's rehabilitation. Now let us look into some of the other aspects of mental retardation.

6.3.1 Mentally Retarded and the Normal Children

If you measure the height of the students in your class you can observe a striking feature that the height of majority of them clusters around a particular value. You also observe that a few of them are really taller than the majority group and a few of them are significantly shorter than the majority group.

Like-wise if we measure the intelligence or mental ability, we notice that the majority of them would fall in an average level and a small number of them would be in the higher level. Similarly, a small number would be in the lower level of intelligence. This group with lower level of intelligence is known as **mentally retarded**. As height is measured in inches or centimeters, intelligence is measured in units of Intelligence Quotient (I.Q.) The I. Q. of 100 is defined as the mean or average. Those who get I.Q. below 70 are considered to be mentally retarded.

However, there is considerable controversy surrounding the use of I.Q. scores as these do not indicate the abilities of the individuals. It is argued that since intelligence refers to the 'extent to which a person adapts himself/herself to his/her surrounding, it would be more appropriate to infer the intelligence of a child/person from his/her day-to-day functioning, behaviour, ability to relate to others, communication skills and whether the milestones of development have been reached at the appropriate ages.

Depending on the degree of retardation and other factors, mentally retarded people have different behavioural and physical manifestations. However, we will try to highlight some of the common features.

6.3.2 Common Features of Mental Retardation

i) Child's Appearance

The child's head may look too small or too large for his/her size. Some children may have slanting eyes, a narrow forehead and a protruding tongue. Others children may have a dull expression in their eyes or even appear hard of hearing on many occasions.

ii) Child's Behaviour

- The child finds it difficult to comprehend or understand quickly. Repetitions and explanations are required to help him/her understand.
- Some of them may not be able to give continuous attention to an activity or task for a long time.
- They may take more time to learn, or may learn that task at a higher age level.
- The child may have limited speech and language abilities. The speech sound may not be very clear. Language and speech therapy would be helpful.
- They can keep many concepts in memory but at a slower and a lesser degree. By repeated practice their memory can be enriched.
- They attain all the milestones but with some delay. If special care like physiotherapeutic exercises are given the delay can be minimised.

6.3.3 Prevalence of Mental Retardation

It is estimated that three percent of the Indian population is mentally retarded. This is not a small number. When we visualise the problem at the national level we will realise the seriousness of it. The population of India has crossed 100 crores. So, in India we have approximately 3.3 crores people who are mentally retarded, which is higher than the population several states in India or many countries in the world.

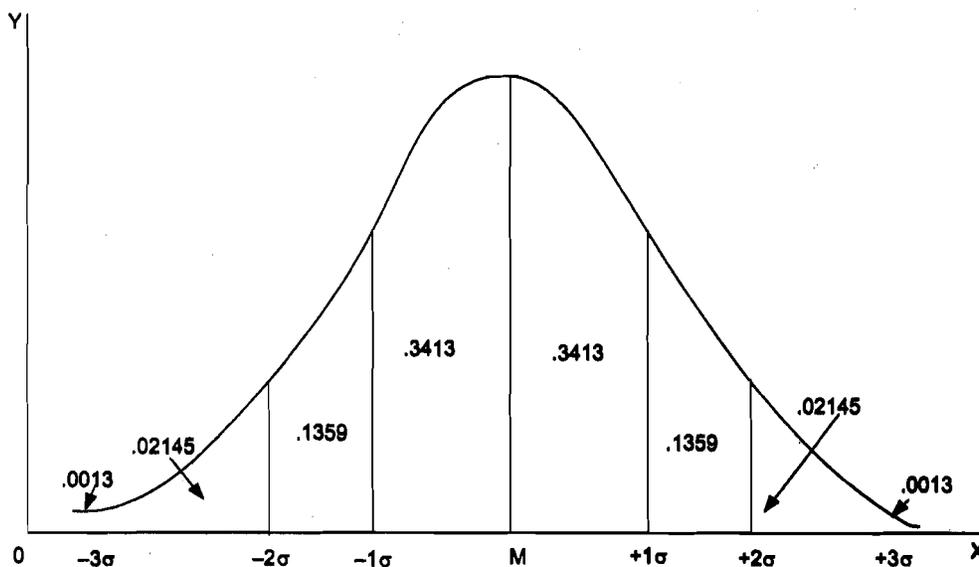


Fig. 6.1: Distribution of Mental Retardation in Indian Population

6.3.4 Classification of Mental Retardation

You have probably seen different categories of mental retardation (MR) which can be confusing. To help you distinguish categories, terms and meanings, we will examine a few of the clinical and educational classification which is relevant to our main subject matter.

The **profound MR** child lacks self care ability and requires constant help and supervision throughout his or her life time. The **severe MR** require constant supervision. They acquire language and self care skills only after constant training. The **moderate MR** are not academically educable. But with constant supervision they can master the skills in some of the occupational areas and in all the self care skills.

The Mild MR (the educable MR)

The mild mentally retarded individual are educable and can learn academic skills upto approximately 6th class level. Properly educated, they can mingle with the normal population, marry and with vocational training they can work in competitive employment. They are capable of living an independent life.

IQ According to AAMR classification	Clinical classification	Educational classification	Per cent of all MR Persons
50-55 to 70	Mild MR	Educable MR	89%
30-35 to 50-55	Moderate MR	Trainable MR	6%
20-25 to 30-35	Severe MR		3.5%
Below 20	Profound	Custodial	1.5%

Fig. 6.2: Distribution of Various Categories of Mentally Retarded

Figure 6.2 shows the distribution of various categories of MRs, as many as 89 percent belong to the mild MR category. This would mean that among the mentally retarded population in the country, about 90% are in the educable category.

These individuals remain undetected before the school years, and when the classroom work becomes steadily more abstract, particularly by the third or fourth class, the EMR child finds difficulty in comprehending and understanding academic lessons. Due to this fact, the role of elementary school teacher is very crucial and decisive in detecting and helping the educable mentally retarded.

With special training and repeated instruction, this group can definitely be rehabilitated and made to live independently like our Joseph. Now let us meet Joseph's father, David for more details. David recalled the incident which took place when his son was in the 4th class.

Joseph's class teacher Mr. Shukla once advised him, "Your son is very lazy and careless. He disturbs other students. He can't learn anything. So don't send him to school".

David was very sad to know that his only son Joseph can't learn anything. He stopped sending Joseph to the school.

After a few months he had a chance to listen to a radio talk on children with mental retardation. The very next day he took Joseph to a clinical psychologist. After

administering certain intelligence tests, the psychologist advised David regarding the nature of mental retardation and the importance of training in developing various skills.

In the next session the psychologist counselled Joseph's father along with his class teacher. This was an important turning point not only for David but also for Joseph's class teacher. Mr. Shukla took the training of Joseph as a challenge. He could help not only Joseph but also ten other students who were mentally retarded like Joseph.

At the age of 16, Joseph was given training in vocational skills. Joseph learnt various aspects of printing. So, his father decided to start a printing press with the help of a loan he received from a bank.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the Block.

1. Write a brief note on the common features of MR?

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2. Write the different classifications of MR.

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6.3.5 The Role of Parents and Teachers

Joseph's story can be an encouraging model for the teachers and parents of the mentally retarded.

If parents and teachers are not approaching the problem of disability in this proper perspective, individual may continue to be handicapped and would end up in a severe level of handicap. Rather than being supported to develop his/her potentials and to contribute towards the family and society he/she may be continued to be seen as a burden.

6.3.6 Some Suggestions for Practice

What can you do to help if you identify some mentally retarded students in your class? Here are a few suggestions:

Dealing with Special Problems

- i) Repetition may be boring for you but repetition is absolutely essential for teaching the MR.
- ii) Use as much positive reinforcement (praising, patting, giving sweets etc.) as possible while teaching.



- iii) Arrange the teaching materials in a step-by-step manner. Proceed from simple to complex with frequent repetitions.
- iv) Avoid any kind of competition or comparison between normal and mentally retarded.
- v) Identify the specific skills of the child with retardation and encourage the child to use it in his/her daily living.
- vi) Use more concrete examples, for instance, when you say $8+7 = 15$, the non-disabled child will be able to comprehend the concept of addition without much difficulty. For the mentally retarded you may count 8 marbles and 7 marbles, let the child count it again and again. By this concrete level demonstration he or she would comprehend the concept involved in it.

You will note that all these practices are same as those to be used in the classroom when the focus is to foster the child's participation and learning. Remember that mental retardation cannot be cured or improved with medicines and tonics and certainly not on relying on the "Godman". Spending money on them will be a mere waste. There is no easy method to improve their condition other than utilising the psycho-pedagogical methods.

6.3.7 A Word of Caution

There is a saying that "half knowledge is dangerous". You may keep this in mind, when you go through not only this Unit but the entire programme.

Now that you have learned certain features of mental retardation, please remember that there are many other clinical conditions which resemble some of the characteristic features of mental retardation. For example, childhood Autism, Aphasia, childhood psychosis, etc., may have some of the features like poor comprehension and slow learning. These conditions require entirely different type of approach and treatment. By observing some of these features, you should not conclude that the child is mentally retarded. Even if you are very sure about a particular clinical condition or disability, it is always advisable to consult one or even more professionals about the diagnosis, management and other aspects. By consulting other professionals you are not only safeguarding the future of the child with disability but you are also helping yourself in getting more information and experience in dealing with the disabled.

6.4 THE MIND OF A DISABLED CHILD

In the following part of this Unit we will try to analyse the importance of some of the social and emotional needs of the disabled. In the present context the word 'disabled' is used with a broader perspective which includes all types of disabilities such as hearing handicapped, orthopaedically handicapped, visually handicapped and the mentally retarded.

We are aware that, in general, the disabled child requires special training and guidance in the physical and intellectual areas. But not much importance is given to the emotional world of these children.

The disabled children have the same emotions and feelings as the normal children. They also have the basic need to love and to be loved and accepted by the significant others. They also experience all the emotions such as joy, grief, sadness, mood swings, disgust and excitement like others. Without these basic and tender feelings no individual, whether abled or disabled would feel that his or her life is worth living or meaningful.

6.4.1 The Importance of a Positive Self-concept

To feel that life is worth living the individual should have a positive concept about his/herself. Most of our concepts about the 'SELF' evolves from the impression and feedbacks of other people with whom we usually interact.

To make this point clear, let us look into the following example.

Imagine that there are no mirrors or other kind of reflectors in our world. In such a world how do we get an idea or a concept about our facial appearance? Naturally we have to depend on other people's responses for this. When your friends or family members tell you that your eyebrows are thin or your eyes are blue you believe that and develop such a concept about your physical characteristics.

In a similar way, we develop the concept about our personality characteristics from the comments, impressions and opinions of other people with whom we usually interact. In other words, the responses and attitudes of significant people in a person's life are very important in developing the self-concept. Especially the role of parents and teachers is very crucial in developing a positive or a negative self-concept in a child. This is true not only with regard to the disabled but also for the normal child.

It is natural that a disabled child will have feelings of inadequacy due to his or her disability. If the teachers and parents are only concentrating on his or her disability, by making comments such as "you can't do that", "It is not possible for you to achieve", etc., the child will develop lack of confidence and a negative self-concept.

We should remember that a person with multiple handicap or severe disabilities will have certain abilities in some other areas. It is the task of the teachers and parents to identify these abilities and encourage them.

6.5 ATTITUDE OF THE SOCIETY TOWARDS THE DISABLED

There is probably no society in which the disabled have not been discriminated against positively or negatively in one or more areas. Sometimes this discrimination has taken an extreme form as in ancient Greece where all babies with physical defects were thrown into the river. In France, they were considered as children of God. Depending upon the ignorance or superstitions, the disabled were treated respectfully or cruelly but always differently. In the modern times, discrimination is disguised by more 'civilized' and subtle methods as refusal to offer jobs or refusal to offer 'normal' social interaction to the disabled.

Individuals who bear the labels 'handicapped' or 'disabled' or 'differently abled' often are the targets of prejudicial attitudes and discriminatory practices which in many instances hamper their chance of becoming fully functioning members of society. An awareness in the society regarding various kinds of disabilities should be made on a large scale for the development of a healthy attitude towards the disabled.

The mass media, particularly the television and films can be used (which are increasingly playing a very important educative role) in socialisation of children and in the formation of their values.

Another method that can be used to induce attitude change is to arrange contacts between the general public and members of disabled groups. This could provide opportunity to know each other and remove misconceptions and fears. This could be the start of the formulation of an inclusive society where all are accepted with their abilities and disabilities.

6.5.1 Some Practical Ways to Change Attitudes

- i) Arrange a visit for the students of the class to the nearest school for visually impaired or for children with mental retardation. It is advisable that you should give the details of the visit well in advance and explain the nature of disabilities and encourage the children to think of ways of managing a new set up and interacting with the students of the schools.
- ii) If there is a disabled child in your class or school encourage other students to develop friendship with each other.
- iii) Give the child with disabilities all those opportunities that you may give to another child, for example, giving him/her classroom responsibilities such as putting on the bulletin board.
- iv) As a parent you can encourage your child to bring home his/her disabled friend for an evening get together. Allow your child also to visit his/her disabled friend's home.

6.6 ATTITUDES OF PARENTS TOWARDS THE DISABLED CHILD

As a parent you can take different attitudes towards your child. How you feel about the child, what you think about him or her, how you behave towards him or her and how you discipline him or her reflects your attitudes. You can treat your child in several ways. And each way of treating a child will have its own effect on the development of the child. Some of your attitudes may help your child grow well, while some others might be harmful. Most parents love and take care of their children in a proper way and hence do not create serious problems. But there are a few parents who create emotional and behavioural problems in children due to their faulty attitudes such as overprotection, rejection, inconsistency and over expectation.

6.6.1 Overprotection

By overprotection it is meant excessive indulgence in children. Many parents show their overprotection due to the false idea that a child with a disability requires more love than a normal child. Here we should define the word "Love". Satisfying all the needs and even the excessive demands of the child is not love. It is only a weakness of the parent and this is the result of certain faulty assumptions.

One of the serious negative effects of this kind of an overprotection is a behavioural problems called "temper tantrums". If any of the demand of the child is not satisfied he or she would cry continuously, sometimes he or she even hits others or gets into certain self injurious behaviour like head banging, rolling on the ground, etc. In order to avoid these undesirable situations, parents immediately satisfy even the unreasonable demand of the child. So, the child learns that "by crying or hitting I can get whatever I want". Thus, it becomes a vicious circle.

Let us see how we can modify these temper tantrums. If the need or demand of a child is not reasonable, what ever the child does, do not satisfy it. Let him or her cry. Completely neglect these undesirable and attention seeking behaviour. Remember, when he or she is co-operative and pleasant show all your affection, but when he or she exhibits tantrum behaviour completely neglect him or her. Don't give any attention. This should be practiced for a longer period in order to modify the child's temper tantrums. Describing the complete therapeutic procedure for temper tantrums is beyond the scope of this unit. Thus, if the temper tantrums are severe or if he or she is indulging in self injurious behaviour, you may consult a Clinical Psychologist for further details.

Another harmful effect of over protection is that, as the parents does everything for the child, the parents don't let the child grow up into an independent person. They wash him, feed him, dress him, and carry him even though the child is capable of doing many of these things. The child may not be able to do it perfectly but any learning needs repeated practice. Give the child more and more opportunities so that he or she becomes independent. Some of the other undesirable effects of prolonged overprotection are well-known. Adults who have been overprotected during their childhood days might be immature, insecure and mostly depend upon others for taking decision for them.

6.6.2 Rejection

For abnormal development, children should experience a warm, affectionate and continuous relationship with both the parents. A child might not be happily accepted by the parents, if he/she was born with a handicap. Some of the parents do not even

allow the disabled child to come to the drawing room when some guests are in the house. These parents are trying to hide the very existence of the disabled child from the society. The handicap itself imposes some difficulties for the child. If these children do not experience the necessary warmth, love and affection from the parents, their development may be slow and they exhibit various behavioural problems and emotional instability. Above all, these children when they become adults, may not be capable of genuine affection and friendship.

6.6.3 Inconsistency

Few other parents behave in an inconsistent manner with their children. At one time they love the child so much that they carry, cuddle and give everything the child seeks. But the very next moment they ignore the child. At times, they are so full of warmth and affection but suddenly, without any apparent reason, they are so cold and callous that if the child comes to them they would ignore or push him/her away. Such an inconsistent attitude will throw the child into a conflicting situation. He/she would not know whether to approach the parents or not. In general he/she would not have a model to adopt. Such an attitude on the part of the parents will create serious problems for the child. The child's normal development will suffer and it will also create serious emotional problems in the child.

6.6.4 Overexpectation

Overexpectation is another faulty attitude. Some parents expect much more from the child than what he/she is capable of. This kind of attitude is more among the middle class families. Let us analyse the following cases:

Case 1

Case of Ravi

Ravi is a child with delayed speech development. He was born normal, but at 18 months, he suffered from brain fever that led to hearing impairment although he has normal intelligence. He wears hearing aids all the time. At 5 years Ravi has been admitted to a Balwadi for preschool education to help him improve language and social skills before he goes to a formal school.

After Ravi attended the Balwadi for one month, his father went to meet the teacher and complained that he had not yet learnt to speak fluently nor did he read and write like other children.

Clearly this is overexpectation from the father. The teacher explains that Ravi has taken this one month to mix with his 4 year old normal hearing peers. He plays with them and tries to communicate. The other children have got used to seeing him with his learning aids. She assured Ravi's father that his son is a bright child and attempts to speak, hence he should be patient. With time and emotional support from home Ravi's language and reading-writing skills will improve.

In the above case, we have seen that even though Ravi was intellectually superior, his scholastic performance deteriorated drastically due to his delayed speech development. But at the same time, parental over-expectation brought lack of confidence and insecurity in the child. The child may actually possess many good qualities and abilities but he or she will experience severe inferiority feelings due to the critical attitude of his or her parents.

For a child to feel that "I am capable", significant people, especially parents and teachers should reflect the idea that "you are capable". In this respect, the role of

teachers and parents is very crucial and decisive in developing a positive self-concept in the child.

Check Your Progress

Notes: a) Write your answers in the space given below.

b) Compare your answers with those given at the end of the Block.

3. What is overexpectation? What will be the consequences of this kind of an attitude on the child?

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4. Examine various kinds of attitudes of the parents towards the handicapped child.

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6.7 TRY TO UNDERSTAND YOURSELF

All the above discussion probably makes it clear that often a child's problem might actually be a reflection of certain faulty attitudes of parents or teachers. In order to help the child grow normally parents and teachers need to understand themselves. If the parents at home, or teachers in the class and school are irritable, harsh, dissatisfied, moody and anxious, children are also likely to develop such undesirable traits.

The approach of the teacher will also influence the personality development of the student. Don't teach your student in a harsh way. Learning can be a lot of fun. Learning should not be considered only as a target to be achieved, but as an activity to be enjoyed.

Some parents believe that "teaching the child is the sole responsibility of his or her teacher". They should understand that the role of parents is equally important in teaching the child. Children can learn many things in a home situation which provides a lot of stimulating objects, good toys, colourful pictures and play materials.

Parents should take a keen interest in teaching the child by giving information in an informal and interesting manner which is appealing to young minds.

No parent, of course, would like to see their children have problems. But it is important to realise that good intentions are not enough, you might have adopted some wrong methods to achieve right things. It is important to remember that children's problems have causes. Atleast in some situation parents or teachers might be those causes. In order to understand the child-abled or disabled-parents and teachers will have to understand themselves.

6.8 LET US SUM UP

The common features of mental retardation include, inability to understand quickly, poor concentration, slow learning, poor memory, delayed milestones etc. It is estimated that three per cent of the general population is mentally retarded. Among those mentally retarded 89% belongs to the category of Educable Mentally Retarded (EMR). The role of primary school teacher is very crucial and decisive in detecting and helping the EMRs. The society is generally not very empathetic towards the disabled. Undesirable attitude of the society towards the disabled can be changed by various methods such as creating awareness through mass media, allowing the public to have contacts with the disabled, etc.

A positive self-concept is very important in the development of a healthy personality. Teachers and parents can help the disabled child to develop a positive self-concept. But on the other hand, faulty parental attitude such as overprotection, rejection, overexpectation, etc., can create problems in the personality development of the child. This will have a more damaging effect on the disabled child.

List of some of Indian Institutions Dealing with the Disabled are given here.

You can write to the following institutions for brochures and booklets giving information regarding various kinds of handicap.

- National Institute for the Mentally Handicapped (NIMH), Secunderabad Andhra Pradesh (* mental retardation).
- All India Institute of Speech and Hearing (AIISH) Mysore (Karnataka). (* speech and hearing problems, child psychosis, mental retardation, etc.)
- National Institute of Mental Health and Neuro Sciences (NIMHANS) (Community Psychiatry Unit), Bangalore (Karnataka). (* mental retardation, childhood psychosis, autism, epilepsy, cerebral palsy, etc.)
- Ali Yavar Jung National Institute for the Hearing Handicapped, Mumbai (Maharashtra) (* speech and hearing disorders).
- National Institute for the Visually Handicapped, Dehradun (U.P.) (* visual handicaps).

6.9 UNIT-END EXERCISES

1. Deliver a speech during one of the meetings of the parents' and teachers' association. Highlight the importance of positive self-concept and the role of teachers and parents in the development of a positive self-concept in a disabled child. Write down your speech.
2. Analyse the faulty attitudes of the society and parents towards the disabled. As a teacher what measures will you adopt to change these attitudes? And as a parent what will be your approach in changing these attitudes?
3. Discuss the role of parents in the management of a mentally retarded child, who is not attending school and who is living in a rural set-up.
4. Discuss the importance of mass media and other methods in changing the faulty attitudes of societies towards the disabled, in a rural and an urban set-up.